

**APPLICATION FORM FOR THE PU`U WA`AWA`A AHUPUA`A  
ADVISORY COUNCIL**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Why are you interested in serving as a member of the Pu`u Wa`awa`a  
Ahupua`a Advisory Council?**

**What skills and/or knowledge would you contribute to enhance the  
program?**

**What would you like to see the program accomplish?**

**(Use additional sheets as needed)**

Please send to DOFAW Hawaii Branch Office, P.O. Box 4849, Hilo, HI 96720; or fax to (808)974-4226;  
e-mail: [dofawha@dofawha.org](mailto:dofawha@dofawha.org) . For more info call (808) 974-4221.